



Eric J. Holcomb
Governor

Kristina M. Box, MD, FACOG
State Health Commissioner

Grant Opportunity Announcement June 2021

Points of Contact:

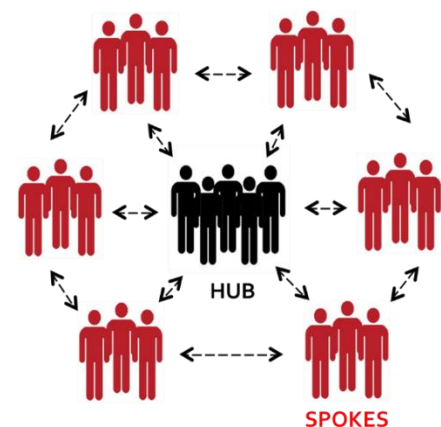
Katie Hokanson
Director, Division of Trauma and Injury Prevention
Indiana Department of Health
khokanson@isdh.in.gov – (317) 234-2865

Carrie Bennett
Lead Community Outreach Coordinator, Division of Trauma and Injury Prevention
Indiana Department of Health
cbennett1@isdh.in.gov – (317) 233-7411

Project Description:

The Indiana Department of Health's (IDOH's) Division of Trauma and Injury Prevention has been awarded a grant from the Centers for Disease Control and Prevention (CDC) to increase comprehensiveness and timeliness of drug overdose surveillance data; make the Prescription Drug Monitoring Program more user-friendly; work with health systems, insurers, and communities to improve opioid prescribing; and build state and local capacity for public health programs related to substance use disorder. As part of these efforts, the Indiana Department of Health is implementing the Indiana Communities Advancing Recovery Efforts (IN CAREs) Enhancing Community Healthcare Outcomes (ECHO).

The ECHO model is an innovative framework that uses videoconferencing technology to increase the knowledge, skills, and performance of community stakeholders, particularly those located in rural and underserved areas. The IN CAREs ECHO connects a group of faculty experts (referred to as the "Hub") who have experience in reducing overdose (OD) deaths with a set of community-based teams (referred to as "Spokes") made up of leaders within each community. The Spoke teams are committed to working together to implement strategies and coordinate efforts to reduce substance misuse, reduce morbidity and mortality associated with substance use disorder (SUD), and increase linkage to care for those with SUD.



To **promote**, **protect**, and **improve** the health and safety of all Hoosiers.



The ECHO model requires Spoke teams to participate, virtually, in monthly 90-minute sessions over the course of 10 months. A session will consist of a short, expert-led lecture (didactic) presentation to improve content knowledge and share evidence-based best practices, followed by one community case presentation with clarifying questions and recommendations. As part of the community case presentation, Spoke teams will identify and share stories that illustrate progress, successes, and challenges associated with their efforts. Each participating Spoke will be encouraged to have post-ECHO action meetings to ensure that participants are applying the knowledge learned in the virtual ECHO sessions to implement changes in their communities.

To aid in the implementation of community changes, the Indiana Department of Health will fund each Spoke to carry out prevention activities. The allowable activities fall under five strategies (listed below). Spokes must implement projects that fall under at least one strategy but can implement projects that fall into all five strategies.

- Strategy 1: Primary Prevention/Education
- Strategy 2: Secondary Prevention
- Strategy 3: Tertiary Prevention
- Strategy 4: Linkage to Care
- Strategy 5: Data Collection

Please see Appendix A for a comprehensive list of previously funded allowable activities.

Eligibility

IDOH is releasing this grant opportunity for existing county-level stakeholder teams to apply to be Spoke teams as part of IN CAREs ECHO. All Indiana counties are eligible to apply, with the exception of Marion County. If a county/region does not have a multidisciplinary stakeholder team or a team capable of implementing this project, interested organizations are encouraged to apply and provide a detailed plan describing how they will establish a multidisciplinary stakeholder team.

Eligible applicants might include local health departments, hospitals, local government agencies, local coordinating councils, recovery-oriented systems of care, recovery hubs, drug-free coalitions, and other community coalitions and not-for-profit organizations that have deep knowledge, and, ideally, have previous experience leading community health improvement activities. Each grantee will be referred to as a "Community Convener" and will serve as an organizer to assemble the multidisciplinary Spoke team, including, but not limited to, the following sectors: public health, health care, behavioral health, emergency department (ED), emergency medical services (EMS), law enforcement, and faith leaders. Applicants are highly encouraged to include someone in active recovery on their Spoke



team. Applicants must have a minimum of **five** different sectors represented on their team. No more than one organization will be chosen per county, so applicants are highly encouraged to work together to prevent a duplication of efforts and to coordinate a more comprehensive community response.

Organizations that have received funding in the past as part of the IN CAREs ECHO are eligible to reapply if they have spent at least 75% of their awarded funds. Please reach out to the points of contact listed in this grant opportunity announcement if you have further questions about eligibility.

Funding

The total funding amount available for this program is over \$1.2 million. Each Spoke team will be allocated a set dollar amount based on the strategies chosen as part of their application. Each strategy is funded at \$25,000. As such, the funding per applicant will range from \$25,000 at a minimum, and \$125,000 at a maximum. The IDOH plans to award 10-15 organizations with funding and funds could change based on the final number of chosen applicants.

Completed Grant Application Due:

Proposals are to be submitted via the online RedCap application (<https://redcap.isdh.in.gov/surveys/?s=LFM43LTJEX>) by

11:59 p.m. EDT July 16, 2021. Respondents will be notified of results by mid-August.

Webinar Call

IDOH will host a webinar call to provide potential applicants with more information about this grant opportunity and offer a chance to ask questions.

Date: Thursday, June 17, 2021

Time: 2 p.m. EDT

Webinar access: At the indicated date and time, the webcast will be available on this webpage: <https://isdh.pivotal.tv/Live-Events-With-Chat>

Proposal Requirements

Please complete the online grant application, which can be found at <https://redcap.isdh.in.gov/surveys/?s=LFM43LTJEX>. The application will include contact information, organizational information, short answer questions, information about organizational capacity, and a budget template. **For budget guidance, please see Appendix A for a list of activities that cannot be funded.** All requested funding should be described in the budget. You do not have to complete the entire application at one time, but the entire completed application must be submitted by **11:59 p.m. EDT July 16, 2021.**



Grantee Requirements

Activity 1: Grantees will convene a local multidisciplinary stakeholder team. Each chosen grantee will be referred to as a “Community Convener” and will serve as an organizer to assemble a multidisciplinary Spoke team, including, but not limited to, the following sectors: public health, health care, behavioral health, ED, EMS, recovery community, law enforcement, and faith leaders.

Activity 2: Grantees will participate in monthly ECHO sessions. Grantees are required to convene their Spoke teams and tune in to monthly ECHO sessions. Grantees may be asked to present during an ECHO session. If unforeseen circumstances arise and Spoke teams are unable to attend a session, they must notify IDOH as soon as possible. If you require technical supplies, such as television monitors, webcams, and/or microphones to participate in the ECHO sessions, please include this in your budget.

Activity 3: Grantees will be encouraged to organize monthly post-ECHO action planning meetings with their Spoke teams. This allows grantees to implement positive community changes related to substance use disorder based on the knowledge gleaned from the Project ECHO sessions. Each Spoke team will be awarded grant funding to carry out chosen projects.

Activity 4: Evaluation and reporting requirements. Grantees must: 1) provide quarterly reports (template provided) to IDOH; 2) participate in the evaluation of this program; and 3) provide periodic oral updates, as requested by IDOH.

Project Timeline

Subject to change

- **May – June 2021**
 - ☐ Grant application is released. Community Conveners apply for grant funding by July 16, 2021.
- **July – August 2021**
 - ☐ Grant applicants are chosen and notified by mid-August 2021.
 - ☐ Community Conveners select a location for monthly IN CAREs ECHO sessions.
 - ☐ Community Conveners begin purchasing necessary equipment to connect to monthly IN CAREs ECHO sessions.
- **September 2021**
 - ☐ IN CAREs hosts first initial community welcome and onboarding mock ECHO session. Technical issues are identified and addressed.



- **October 2021 – August 2023**

- ☐ IN CAREs hosts Project ECHO monthly sessions.
- ☐ Spoke teams meet monthly for post-ECHO action planning meetings. Spoke teams implement chosen community interventions while receiving technical assistance from the Project ECHO team and IDOH
- ☐ Spoke teams submit progress reports on a quarterly basis:
 - September-November progress report is due Dec. 31, 2021.
 - December-February progress report is due March 31, 2022.
 - March-May progress report is due June 30, 2022.
 - June-August progress report is due Sept. 29, 2022.
 - September-November progress report is due Dec. 31, 2022.
 - December-February progress report is due March 31, 2023.
 - March-May progress report is due June 30, 2023.
 - June-August progress report is due Sept. 29, 2023.

- **September 2023**

- ☐ Spoke teams submit final report and success story to IDOH by Sept. 29 (template will be provided).

Respondent Participation Guidelines

- If the awardee's point of contact changes anytime during the grant program, the awardee must notify IDOH within five business days after the change and provide the contact information for the new contact.
- Failure to comply with all terms of this grant by an awardee will halt all award funding. Failure to comply includes:
 - Not submitting required reports
 - Misappropriation of funding (i.e., using awarded funding for activities not proposed in initial grant application)
 - Failure to submit invoices on a regular basis and spend down awarded funding in a timely fashion
 - Failure to comply with any other criteria set out in in this grant opportunity announcement or otherwise reasonable and considered relevant

Awardee Selection

- 1) Following the application deadline, each proposal will be examined to determine compliance with the format and information requirements specified in this grant opportunity announcement. Incomplete proposals or those exceeding the word limit or violating the requirements stated below will not be considered.
- 2) Proposals will be evaluated based on the criteria outlined and the best overall compatibility with the intent of this grant opportunity announcement. Additional evaluative weight will be assigned based on:



- Need(s) of respondent's project proposal
- Quality of the proposed narrative response and budget template
- Proposed coordination with local partners and key stakeholders
- Burden of the drug overdose epidemic (opioid prescribing, naloxone distribution, ED visits related to overdoses, mortality data, etc.)
- Any other criteria set out in in this grant opportunity announcement or otherwise reasonable and considered relevant

Scoring Criteria	% of Score
Organizational Information <ul style="list-style-type: none">• Provides all requested organizational information including point of contact.	5%
Current and Past Program Experiences; Gaps <ul style="list-style-type: none">• Provides thorough explanation of experience in implementing community projects, prevention programming, and community health improvement initiatives.• Addresses how this grant funding would fill gaps in current community response efforts.• Initiatives listed are relevant and ideally evidence based.	15%
Narrative <ul style="list-style-type: none">• Provides detailed explanation of which local partners the applicant is working with/or intends to work with for project completion. (Strongly suggested: Spoke teams should include at least one person in active recovery.)• Partners have been contacted and describes how this partnership will fulfill grant requirements.• Activity is ideally an evidence-based primary prevention measure.• Provides thorough description of who would be working on project and/or how county intends to complete project, including linkage to grant goals with strong evidence.• Selects prevention activities and includes a realistic timeline for implementation.• Adequately answers all other application questions.• Explains potential barriers to success and ways to overcome said barriers.	35%
Organizational Capacity <ul style="list-style-type: none">• Provides details on past management of grant funding.• Provides history of using data sources.• Provides explanation of personnel involved in grant implementation.	15%



Budget Template & Budget Narrative <ul style="list-style-type: none">• Completes budget template and thoroughly explains intent with requested funds.• Lists requested funding amount and provides narrative justification.	15%
Letters of Support <ul style="list-style-type: none">• Provides letters of support from Spoke members or justification for why there is not a letter of support.• The letters should show that the partner is fully committed to being a Spoke member and attending ECHO sessions, etc.	10%
Grammar and Guidelines <ul style="list-style-type: none">• All necessary attachments (budget, letters of support) are included, and no additional attachments are included.• Narratives are well written, with proper grammar and clear objectives.• All questions are thoroughly answered.	5%

Appendix A: Comprehensive list of allowable activities.

The list below details possible prevention activities applicants can implement. In addition to these options, applicants can propose innovative activities of their own, but they must fit under one of the five strategies below. The Indiana Department of Health has the right to review all proposed activities, including innovative activities, and to approve or deny them. For such projects, applicants should provide justification of the merits of the project and include an associated cost. Applicants are allowed to hire staff to aid in the implementation of grant activities.

Strategy 1: Primary Prevention/Education (\$25,000)

- Train community stakeholders on adverse childhood experiences (ACEs): ACEs are stressful or traumatic events occurring in childhood and are used to assess the long-term impact of abuse and household dysfunction on later-life health. Therefore, prevention of high ACE scores and early identification of people who have experienced them could have a significant impact on reducing substance use and other critical health problems.
 - An example training is the Centers for Disease Control and Prevention's ["VetoViolence: Preventing Adverse Childhood Experiences"](#).
- Implement "Botvin LifeSkills": An evidence-based substance abuse prevention program proven to reduce the risks of alcohol and drug abuse by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors.
- Harm Reduction and Anti-Stigma Promotion (Faith-Based): Workshops and seminars would be put on using materials/toolkits designed by the U.S. Department of Health and Human Services specifically for faith leaders.
- Education on Good Samaritan Law.



- Implement "[Guiding Good Choices](#)": Evidence-based family competency training program for parents of children in middle school.
- Implement "[New Directions](#)": An after-school program for elementary-aged children that focuses on character development and early prevention.
- Creation of an event around [SAMHSA's National Prevention Week](#).
 - Sample events can be found on [SAMSHA's webpage](#) on National Prevention Week.
- Implement Public Awareness campaigns: These campaigns can include billboards, newspaper and radio ads, as well as social media use as appropriate. The effort should focus on prevention and awareness.
 - Examples of media campaigns include the [CDC's Rx Awareness](#) campaign and the [Know the Facts](#) campaign.
- Hire staff to carry out grant-related activities.
 - Examples are a Public Health Educator or a Program Coordinator.
- Implement a primary prevention training program for students studying health professions.
- Implement "[Strengthening Families Program](#)": An evidence-based, family skills training program found to significantly improve parenting skills and family relationships; reduce problem behaviors, delinquency, and alcohol and drug abuse in children; and improve social competencies and school performance.
 - Consider partnering with local partners such as Purdue Extension who are familiar with implementing this program.
- Implement "[Too Good for Drugs](#)": An evidence-based program that develops a framework of social and emotional skills through goal setting, decision making, emotion management, and effective communication skills. In addition, the program teaches peer-pressure refusal, pro-social bonding, and conflict resolution skills.
- "[WhyTry](#)" Program in middle schools: An evidence-based program that teaches social and emotional principles to youth in a way they can understand and remember. WhyTry is based on sound empirical principles, including solution-focused brief therapy, social and emotional intelligence, and multisensory learning.

Strategy 2: Secondary Prevention (\$25,000)

- Screening, Brief Intervention, and Referral to Treatment (SBIRT) Medical Professional Trainings: Teaches residents and health professionals the skills necessary to provide SBIRT to patients who are at risk for substance use disorder to appropriate treatment. SBIRT is a comprehensive, integrated, public health approach for early identification and intervention with patients whose patterns of alcohol and/or drug use put their health at risk. Consider partnering with local organizations to implement this training, such as [Prevention Insights](#) at Indiana University's School of Public Health.
- Implementation of "[Mental Health First Aid](#)" (MHFA)*: An evidence-based program that utilizes a skills-based training course that teaches participants about mental health and substance use issues. This evidenced-based program has proven to be effective, and peer-reviewed studies show that individuals trained in the program:



- a.) Grow their knowledge of signs, symptoms, and risk factors of mental illnesses and addictions.
- b.) Can identify multiple types of professional and self-help resources for individuals with a mental illness or addiction.
- c.) Increase their confidence in and likelihood to help an individual in distress.
- d.) Show increased mental wellness themselves.

*Consider partnering with local partners such as Purdue Extension who are familiar with implementing this program.

- Team awareness workplace trainings: Address behavioral risks associated with substance abuse among employees, their coworkers, and, indirectly, their families.
- Improved Health Equity: Address health equity issues associated with substance use and mental health disorders.

Strategy 3: Tertiary Prevention (\$25,000)

- Naloxone trainings
 - Note: Funding cannot cover the actual purchase of naloxone.
- Expand Syringe Service Program: Types of expansion activities include reaching more areas within the county, purchasing NaloxBoxes, and connecting syringe service program to PulsePoint.
- Implement SMART Recovery (Self-Management and Recovery Training): At meetings, participants help each other with any addiction using their science-based, four-point system:
 - (1) Building and maintaining the motivation to change
 - (2) Coping with urges to use
 - (3) Managing thoughts, feelings, and behaviors in an effective way without addictive behaviors
 - (4) Living a balanced, positive, and healthy life
- Installation of NaloxBoxes.
- Purchase of fentanyl testing strips.
- Opiate Risk Tool training and other health professional development opportunities.
- Partner with correctional facilities to connect recently released persons with treatment options.
- Implementation of the Overdose Response protocol: Emergency department doctors prescribe buprenorphine, refer to outpatient MAT and other treatment options, establish reporting mechanisms, and help patients establish/maintain insurance coverage so naloxone is a paid benefit.
- Implement post-overdose protocol in partnership with local hospitals: Employ a social worker to join the local hospital team. Upon hire, the staff will begin to collaborate with the local hospital's emergency department leadership team to create a work plan based on best practices and the individual needs of the community for post-overdose case management.



- Implement Health Equity Improvement plan: Create and/or implement a plan to improve health equity in the community related to substance use and mental health disorders.

Strategy 4: Linkage to Care (\$25,000)

- Hire Peer Recovery Coach (PRC): The role of a PRC is to act as a mentor, guide, and role model to those with opioid use disorder (OUD) and other substance use disorders (SUDs) by providing a range of support services that include instrumental, emotional, informational, and affirmative support. The overall body of evidence suggests that PRCs can be effective in reducing both the recurrence and severity of SUDs. These PRCs then can be placed in targeted locations, such as hospitals, jails, and court systems to offer their services.
- Peer Recovery Coach Specialist Trainings: Peer recovery support services, delivered by peer recovery coaches, are one form of peer support. Peer recovery support services provide a complimentary approach to the clinical treatment model. They provide the opportunity to discuss, share, and aid individuals receiving clinical services and support long-term recovery from substance use disorders. A PRC can use lived experience along with training and supervision to enhance the recovery experience for individuals with a substance use disorder.
- Implement a Mobile Response Team Program: The team will consist of a peer recovery coach, a mental/behavioral health worker, and an EMT. It will provide harm reduction services, care referrals, health checks, and naloxone kits with trainings based on patient needs. The unit would allow for direct provision of services when doing targeted community education (such as homeless camps, subsidized housing, and other high-risk areas) to provide substance abuse screenings and support for other health screenings and encourage linkages to services.
- Establish a Quick Response Team (QRT): QRTs bring advocacy for those affiliated with OUD and other SUDs. They promote recovery; remove barriers; connect people with recovery support services; and encourage hope, optimism, and healthy living. The primary focus is to assess an individual's needs, symptoms, and strengths to determine an appropriate, individualized plan for intervention. They also provide access to peer recovery coaches.
- Pulse Point App expansion: Linkage to care will be expanded to verified responders and general registrants. It will also provide on-scene linkage to treatment if necessary.
- Partnership/outreach with local syringe or non-syringe harm reduction programs.
- Targeted linkage to care to improve health equity: Increase linkage to care for individuals with barriers to health equity related to substance use and mental health disorders.

Strategy 5: Data Collection (\$25,000)

- Partner with your county coroner to provide IDOH monthly suspected overdose data.
- Establish or enhance an already existing Overdose Fatality Review Team.



- Hire Part-time Overdose Fatality Review Coordinator: Provide oversight, convene review meetings, collect and share data, and document recommendations in order to accomplish county goals.
- Purchase supplies to increase coroner reporting of potential overdoses and other coroner activities.
- Purchase resources needed to conduct a community needs survey or an environmental scan.
- Hire staff support for implementing ECHO grant and data collection: Roles could include convening ECHO meetings and community follow-up meetings; oversight of projects, contracts, and consultants; disbursement of funds; and quarterly reporting.

Supplies

Applicants who require videoconferencing supplies may include this in their budget proposal. This can include webcams, microphones, large monitors and screens, and more.

Activities not authorized to be covered by this funding opportunity:

- Prohibited purchases: Naloxone/Narcan, syringes, furniture, and equipment (equipment is defined as a single item that costs more than \$5,000).
 - Harm reduction and linkage to care activities are acceptable as long as O2DA funds are not used for prohibited purchases.
- HIV/HCV/other STD/STI testing.
- Drug disposal. This includes implementing or expanding drug disposal programs or drug take back programs, drug drop boxes, and drug disposal bags.
- The provision of medical/clinical care.
- Wastewater analysis, including testing vendors, sewage testing, and wastewater testing.
- Research.
- Direct funding for the provision of substance use disorder treatment.
- The prevention of ACEs as a standalone activity. However, activities related to ACEs are allowable if they pertain to establishing linkage to care or providing training to public safety personnel and first responders on trauma-informed care.
- Public safety activities that do not include clear overlap/collaboration with public health partner and objectives.